

SECTION 1 MATERNAL AND CHILD HEALTH (MCH) BRANCH MCH PROGRAM

Background

The federal MCH Block Grant to states is authorized under Title V of the Social Security Act of 1935. The MCH Branch makes application to the federal government annually to maintain the Title V programs in the MCH Branch and in the Children's Medical Services Branch consistent with federal and state performance and outcome measures.

The Title V MCH program has the following focus:

- To provide and assure mothers and children (especially those with low income or limited availability to services) access to quality MCH services.
- To reduce infant mortality; to reduce the incidence of preventable diseases and handicapping conditions among children; to reduce the need for inpatient and long-term care services; to increase the number of children (especially preschool children) appropriately immunized against disease; to increase the number of low income children receiving health assessments and follow-up diagnostic and treatment services; to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women; and to promote the health of children by providing preventive and primary care services for low-income children.
- To provide rehabilitation services for blind and disabled individuals under the age of 16 years receiving benefits under Title XVI, to the extent medical assistance for such services is not provided under Title XIX.
- To provide and promote family-centered, community-based, coordinated care (including care coordination services as defined in the legislation) for Children with Special Health Care Needs (CSHCN) and to facilitate the development of community-based systems of service for such children and their families.

In 1997, Section 123255 was added to the California Health and Safety Code. The statute specifies the structure and requirements for state-funded local programs of MCH. (Please refer to Appendix for the full text of this section of the statutes.) Other statutes and regulations include:

- U.S. Code of Regulations Title 42, The Public Health and Welfare, Chapter 7, Social Security, Subchapter V—Maternal and Child Health Services Block Grant.
- California Health and Safety Code Section 123225-123255, Maternal and Child Health Program.
- California Health and Safety Code Section 123475-123525, Comprehensive Perinatal Services Program.
- California Welfare and Institutions Code Section 14132-14134.5, Medi-Cal Coverage of Comprehensive Perinatal Services.
- California Code of Regulations, Title 22. Social Security, Division 3. Health Care Services, Subdivision 1. California Medical Assistance Program, Chapter 3. Health Care Services, Article 3. Standards for Participation, Section 51249. Application Process for Comprehensive Perinatal Providers.
- California Health and Safety Code Section 104560-104569, Comprehensive Perinatal Patient/Client Education and Community Awareness Program.
- California Health and Safety Code Section 123550-123610, Regional Perinatal Program Coordinators.
- California Health and Safety Code Section 123725-123745, Sudden Infant Death Syndrome.
- California Health and Safety Code Section 12450-12451, Domestic Violence.
- California Code of Regulations, Title 17, Public Health, Division 1. State Department of Health Services, Chapter 3. Local Health Service, Subchapter 1. Standards for State Aid for Local Health Administration, Article 1. Organization, Section 1253. Public Health Nursing Staff.
- Senate Bill (SB 165), Budget Act of 1989 (Alquist, Chapter 93, Statutes of 1988), Black Infant Health Program.
- California Welfare and Institutions Code Section 14134.5.

Under the MCH umbrella, there are four specialized programs, Adolescent Family Life Program (AFLP), Adolescent Sibling Pregnancy Prevention Program (ASPPP), Black Infant Health (BIH) Program, and Fetal Infant Mortality Review (FIMR). These programs are not required and a health jurisdiction may have one

or more of these programs. Each specialized program has an assigned consultant and a separate scope of work (SOW). AFLP and BIH require a separate budget; however, FIMR costs are included in the local MCH budget. These are necessary to maintain specific program and budgetary mandates, which are covered in separate sections of this manual.

The MCH Branch allocates funding annually to support MCH programs developed, operated, and managed by local health jurisdictions and community-based organizations (CBOs) throughout California. Through the Allocation Funding Application (AFA), the Branch assures that each local health jurisdiction has the leadership and resources to carry out the core public health functions of assessment, policy development, assurance, and evaluation to improve the health of their MCH population. To forecast an annual budget, each health jurisdiction must establish a scope of work for the following year based on the identified needs of the jurisdiction and the state and federal MCH objectives. Federal Title V MCH Block Grant Funds, State General Funds, Federal Title XIX Medicaid (Medi-Cal) Funds, and local government (county/city) funds are combined to support the program activities as defined in the scope of work. The SOW is developed based on performing specified activities and evaluating the results aimed at achieving the following Title V goals, objectives, and priorities:

Goals:

- **Goal 1:** All children are born healthy to healthy mothers.
- **Goal 2:** No health status disparities among racial/ethnic, gender, economic, and regional groups.
- **Goal 3:** A safe and healthy environment for women, children, and their families.
- **Goal 4:** Equal access for all women, children, and their families to appropriate and needed care within an integrated and seamless system.

Objectives:

- Reduce pregnancies among females aged 15-17 to no more than 50 per 1,000 females aged 15-17.
- Reduce the percent of women 18 years and older that report experiencing some form of intimate partner physical violence in the past 12 months.
- Increase to at least 90 percent the proportion of all pregnant women who receive prenatal care in the first trimester of pregnancy.
- Increase to at least 90 percent the proportion of pregnant women and infants who receive risk-appropriate care.
- Reduce very low birth weight to no more than one percent of all live births.
- Increase to at least 75 percent the proportion of mothers who breastfeed their babies in the early postpartum period and to at least 50 percent the proportion who continue breastfeeding until 5 to 6 months old.
- Ninety percent of children will have completed the full immunization schedule through age 2 (19-36 months).

- Increase to at least 50 percent the proportion of children who have received protective sealants on the occlusal (chewing) surfaces of permanent molar teeth.
- Reduce the rate of deaths to children aged 0 through 4 years caused by drowning to no more than 2.3 per 100,000 children aged 0-4 years.
- Reduce the rate of deaths to children aged 14 and younger caused by motor vehicle crashes to no more than 3.5 per 100,000 children aged 1-14.
- Reduce the percent of youth 12-17 years of age in California who report having smoked cigarettes in the past 30 days.
- Reduce the rate of deaths to adolescents aged 15-19 years caused by homicide.
- Reduce the rate of deaths to adolescents aged 15-19 years caused by motor vehicle injuries.
- Reduce the rate of suicides to no more than 8.2 per 100,000 youths aged 15-19.

The state MCH Branch has developed the following California priorities that will determine the Title V activities over the next 5 years based on the priority needs of the State:

- Eliminate racial and ethnic disparities in infant health, including gaps in the infant mortality rate and the proportion of low and very low birth weight live-born infants.
- Promote safe motherhood by improving early access to and the quality of maternal health care for all women.
- Improve access to quality primary and specialty care providers, including dental, for all children, particularly Children with Special Health Care Needs (CSHCN).
- Reduce adolescent birth rate.
- Increase breastfeeding rates among newborns.
- Promote healthy lifestyle practices among children and adolescents with emphasis on smoking prevention, adequate nutrition, regular physical activity, and oral health.
- Decrease intentional and unintentional injury death rates among children and adolescents.
- Reduce the prevalence of community, family, and domestic violence.
- Improve coordination and outreach with other health programs to facilitate delivery of health care services to CSHCN.
- Continue to expand the California Children's Services (CCS) statewide automated case management and data collection system, CMS Net, to improve tracking and monitoring services and outcomes for CSHCN.

The MCH Scope of Work (SOW), which is a part of the annual Allocation Funding Application (AFA), is developed based upon the four Title V MCH Goals, Fourteen Objectives for the current MCH Five-Year Plan (see above), and priorities.

The local jurisdiction's SOW consists of four required objectives. Objectives 1-3 define implementation activities, timelines, and methods of evaluating outcomes. They form the infrastructure of the local MCH program and are consistent for all 61 jurisdictions. Objective 4 is developed based on the individual needs of the jurisdiction as identified and discussed in the jurisdiction's five-year needs assessment.

- **Objective 1** details the responsibilities of the MCH Director to implement a local MCH program. Emphasis is on community collaboration, infrastructure development, and provision of family-centered, culturally competent services to improve health outcomes for the MCH population. The MCH Director is also responsible for the coordination and implementation of all the programs included in the MCH Allocation.
- **Objective 2** describes the patient/client education and community awareness and case finding activities to be undertaken by the MCH program. Patient/client education and community awareness activities must include targeted activities to low-income women and children to assist them in receiving early and continuous perinatal, infant, and pediatric preventive health care services.
- **Objective 3** describes the responsibilities of the Perinatal Services Coordinator (PSC). The PSC implements the Comprehensive Perinatal Services Program at the local level in addition to evaluating the perinatal care needs of the entire jurisdiction.
- **Objective 4** describes one or more locally defined priority issues. Every five years local agencies complete a Community Health Assessment. From this they developed a local Five-Year MCH Plan for their health jurisdiction consistent with the State Title V Plan. Objective 4 reflects the local health agency's priorities developed from its Community Health Assessment.

The purpose of the MCH allocation is to assist the jurisdiction provide leadership in planning, developing, and supporting comprehensive systems of preventive and primary care. This includes assessment of needs, coordination of effort at both state and local levels, planning to assure systems of care that achieve the health objectives set by the State and in conjunction with the national health objectives, and evaluation for identifying and incorporating best practices.

The format for the policies and procedures manual includes policies, requirements, and procedures for the following:

- 1.0 Local Activities**
- 2.0 Key Personnel**
- 3.0 Patient/Client Education and Community Awareness**